

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	2	0	0	0	0	0						
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(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="width:100%"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

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PAGE	2	OF	2
FOR SE OF FORM 24/48			

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee i360		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2020	
Mailing Address P.O. Box 37046		Amount 750.00	
City Baltimore	State MD	Zip Code 21297-3046	Transaction ID : SE.18154
Purpose of Expenditure Dialer Access (estimate)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2020
Name of Federal Candidate ROY, CHIP, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee i360		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2020	
Mailing Address P.O. Box 37046		Amount 750.00	
City Baltimore	State MD	Zip Code 21297-3046	Transaction ID : SE.18155
Purpose of Expenditure Dialer Access (estimate)		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2020
Name of Federal Candidate DAVIS, WENDY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	21500.00

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Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
08 / 03 / 2020

Signature